



Midland University Liability Release Form

For Participation in Camps, Events, or Club Activities

CHEER & DANCE FESTIVAL 2024

Participant's Name: _____

The undersigned does hereby give permission for myself (over 18) or our (my) child under the age of 18, whose name is listed above, to attend and participate in the Midland University Cheer and Dance Festival on Sunday, January 14, 2024. We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for our(my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Midland University.

By checking the box below, I agree to all Terms and Conditions of Midland University.

I agree to all Terms and Conditions

Signature (If under the age of 18, signed by parent)

Date